



IFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/562,702 Conf. No.: Unknown
Filing Date: December 29, 2005 Group Art Unit: Unknown
Applicant(s): Susanne OLAUSSON et al. Examiner: Unknown
Title: A DEVICE FOR PROMOTING REGENERATION OF AN
INJURED NERVE, A KIT AND A BIODEGRADABLE SHEET
FOR PREPARING SUCH A DEVICE
Attorney Docket: 10400-000203/US

**NOTIFICATION OF THE RECORDING
OF A CHANGE IN THE PCT APPLICATION**

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

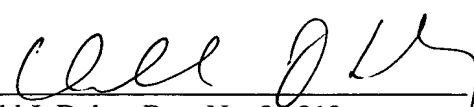
January 25, 2006

Sir:

Attached hereto is copy of a Notification of the Recording of a Change which has been filed in the corresponding PCT application. The Notification indicates that the Applicant changed during PCT prosecution. Please make this document part of the prosecution history for the present application.

Respectfully submitted,
HARNESS, DICKEY & PIERCE, P.L.C.

By:


Donald J. Daley, Reg. No. 34,313

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DJD:bof
Attachment

PATENT COOPERATION TREATY

PCT

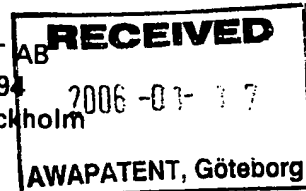
NOTIFICATION OF THE RECORDING OF A CHANGE

(PCT Rule 92bis.1 and
Administrative Instructions, Section 422)

From the INTERNATIONAL BUREAU

To:

AWAPATENT AB
P.O. Box 11394
S-404 28 Stockholm
Sweden



Date of mailing (day/month/year) 04 January 2006 (04.01.2006)	
Applicant's or agent's file reference 21013879 / <i>MLA</i>	IMPORTANT NOTIFICATION
International application No. PCT/SE2004/000879	International filing date (day/month/year) 07 June 2004 (07.06.2004)

1. The following indications appeared on record concerning: <input checked="" type="checkbox"/> the applicant <input type="checkbox"/> the inventor <input type="checkbox"/> the agent <input type="checkbox"/> the common representative		
Name and Address ASTRA TECH AB Aminogatan 1 S-431 53 Mölndal Sweden	State of Nationality SE	State of Residence SE
	Telephone No.	
	Facsimile No.	
	Teleprinter No.	
2. The International Bureau hereby notifies the applicant that the following change has been recorded concerning: <input checked="" type="checkbox"/> the person <input type="checkbox"/> the name <input type="checkbox"/> the address <input type="checkbox"/> the nationality <input type="checkbox"/> the residence		
Name and Address NEUROGEN MEDICAL INNOVATION I UMEA AKTIEBOLAG c/o Wiberg Prästgården SE-870 33 Docksta Sweden	State of Nationality SE	State of Residence SE
	Telephone No.	
	Facsimile No.	
	Teleprinter No.	
3. Further observations, if necessary: 		
4. A copy of this notification has been sent to: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> the receiving Office <input type="checkbox"/> the International Searching Authority <input checked="" type="checkbox"/> the International Preliminary Examining Authority </div> <div> <input type="checkbox"/> the designated Offices concerned <input checked="" type="checkbox"/> the elected Offices concerned <input type="checkbox"/> other: </div> </div>		

The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland Facsimile No. +41 22 338 7090	Authorized officer Juan CRUZ Telephone No. (41-22) 338 8239
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